

NAF HBP Benefits Information



Medical and Dental Care Away From Home

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Receiving medical or dental care away from home can be expensive if certain procedures are not followed. The following information will help you receive the care you need while avoiding unnecessary charges.

Participants in the DOD Health Benefit Plan, Managed Choice (POS) are required to contact their Primary Care Provider (PCP) for approval prior to seeking non-emergency care away from home. Unless otherwise directed by your PCP, you must obtain care from an Aetna provider. As long as your PCP authorizes your care, benefits will be paid at the preferred level.

Participants in the DOD Health Benefit Plan, Open Choice (PPO) must use an Aetna network provider to receive preferred benefits, unless you are traveling to a remote area where there isn't a network of participating providers or you are traveling overseas. Aetna providers can be located by accessing DOCFIND on the Aetna web site www.aetna.com, or by requesting assistance from the Aetna Member Services line, 1-800-367-6276.

Participants in the DOD Health Benefit Plan, Traditional Choice (TC) should obtain care in the same manner as you would if you were at your home station. You do not need to obtain care

from an Aetna network provider. Claims will be reimbursed at the Indemnity level.

Emergency Care may be obtained without prior approval regardless of the type of plan (POS, PPO, TC). However, your PCP must be contacted for guidance as soon as possible after the emergency treatment in the POS. This applies to true emergencies, such as an automobile accident, stroke, or heart attack. Seeking care at a hospital emergency room for non-emergency care is covered by the plan at a reduced rate. If admitted to a hospital, pre-certification requirements may also apply.

Non-compliance with these plan requirements could result in denial of the claim or payment at a reduced rate. You should consult your PCP, an Aetna Customer Service Representative or the Summary Plan Description.

NAF employees who participate in HMOs must follow the procedures established by their HMO for routine and emergency medical treatment when outside their service area. Normally, this includes the requirement to contact your HMO for approval and instructions on how to obtain care while away from home.

NAF employees who are covered by the Dental Plan may seek care while away from home in the same manner as if they are at their home station.

Subrogation—What is it?

By now some of you may have received a letter regarding subrogation. Subrogation refers to the right of the plan to substitute itself for a plan participant in the recovery of expenses incurred by a covered person due to an illness or injury for which a third party may be liable.

In most cases this involves the recovery of monies paid to you by an insurance company on behalf of a negligent party in any third party liability situation such as an automobile accident. Your health plan is entitled to recover monies paid to you by a negligent third party insurance company.

This right of recovery allows the plan to keep its expenses as low as possible and to prevent a plan participant from being paid more than once for their injuries or illness.



Medical Excellence Centers

Facing a transplant or other complex medical procedure can be a difficult challenge. While most people will never need these unique and highly specialized procedures, they are becoming more commonplace as medical science progresses.

Aetna U.S. Healthcare's National Medical Excellence (NME) Program helps eligible members access covered treatment for solid organ transplants, bone marrow transplants, and certain other rare or complicated conditions at participating facilities experienced in performing

these services.

The National Medical Excellence Program has three components:

1. National Transplantation Program, designed to help arrange covered care for organ and tissue transplants, including heart, lung, liver, kidney, pancreas, peripheral stem cell and bone marrow transplants.
2. National Special Case Program, developed to coordinate arrangements for complicated care in facilities across the country when that care is not available within 100 miles of the member's home.
3. Out-of-Country Care, for members who

need emergency in-patient medical care while temporarily traveling outside of the continental United States.

To enter the program you must obtain precertification through the NME unit through your doctor. Once approved, the NME will send a letter confirming acceptance into the program to the physician with a copy to the patient or dependent. For more information contact Member Services at 800-367-6276 or visit www.aetna.com.